

Foster Family Home - Corrective Action Report

Provider ID: 1-180093

Home Name: Fara Jane Flor-Baptista, NA

Review ID: 1-180093-2

94-1007 Hiapo Street

Reviewer: Angelica Galindo

Waipahu

HI 96797

Begin Date: 12/18/2018

End Date:

12/19/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 12/18/18.

6.(d)(1)- Home in compliance with all requirements.


Compliance Manager


Primary Care Giver

12/18/18
Date

12/18/18
Date